TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002 TRICARE ENCOUNTER DATA (TED)

CHAPTER 2 SECTION 8.1

PRICING EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: RECORD TYPE INDICATOR (4-001) VALIDITY EDITS 4-001-01V MUST = '4' (PRICING) RELATIONAL EDITS NONE ELEMENT NAME: PRICING STATE OR COUNTRY CODE (4-005) VALIDITY EDITS 4-005-01V MUST BE VALID STATE CODE OR FOREIGN COUNTRY CODE. RELATIONAL EDITS NONE ELEMENT NAME: PROCEDURE CODE (4-010) VALIDITY EDITS 4-010-01V MUST BE NUMERIC. MUST BE VALID CPT-4/HCPCS OR TMA-ASSIGNED CODE. RELATIONAL EDITS NONE ELEMENT NAME: CLASS OF PROVIDER (4-015) VALIDITY EDITS 4-015-01V MUST BE '01' - '05'. RELATIONAL EDITS NONE ELEMENT NAME: TYPE OF PRICING SERVICE (4-020) VALIDITY EDITS 4-020-01V MUST BE '01' - '09'. RELATIONAL EDITS			
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ELEMENT NAME: TYPE OF PRICING SERVICE (4-020) VALIDITY EDITS 4-020-01V MUST BE '01' - '09'.		NO	
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VALIDITY EDITS 4-020-01V MUST BE '01' - '09'.	ELEMENT NA	AMF.	Type OF Pricing Service (4-020)
4-020-01V MUST BE '01' - '09'.			
	4-020-01V	MI	11.110.11.1
	_ 020 011	1,10	
NONE		NO	

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 8.1
PRICING EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NA	AME: PREVAILING FEE (4-025)				
VALIDITY EDITS					
4-025-01V	MUST BE NUMERIC.				
RELATIONAL EDITS					
4-025-01R	IF CONVERSION AMOUNT = ZERO,				
	AND CATEGORY OF CARE FOR CONVERSION FACTOR ≠	В	BY REPORT		
	THEN PREVAILING FEE MUST ≠ ZERO.				

ELEMENT NA	ME: CONVERSION AMOUNT (4-030)			
VALIDITY EDITS					
4-030-01V	MUST BE NUMERIC.				
RELATIONAL EDITS					
4-030-01R	IF PREVAILING FEE = ZERO				
	AND CATEGORY OF CARE FOR				
	CONVERSION FACTOR ≠	A	ANESTHESIA OR		
		В	BY REPORT		
	THEN CONVERSION AMOUN	T MU	ST ≠ ZERO		
4-030-02R	IF CATEGORY OF CARE FOR				
	CONVERSION FACTOR ≠	В	BY REPORT		
THEN CONVERSION AMOUNT MUST = ZERO					
ELSE CONVERSION AMOUNT MUST ≠ ZERO					
4-030-03R	IF PREVAILING FEE ≠ ZERO				
	THEN CONVERSION AMOUNT MUST = ZERO				

ELEMENT NAME: CATEGORY OF CARE FOR CONVERSION FACTOR (4-035)			
VALIDITY EDITS			
4-035-01V	MUST BE VALID CATEGORY OF CARE FOR CONVERSION FACTOR.		
RELATIONAL EDITS			
	NONE		

ELEMENT NAME: MEDICARE ECONOMIC INDEX PRICE (4-040)			
VALIDITY EDITS			
4-040-01V	MUST BE NUMERIC.		
RELATIONAL EDITS			
4-040-01R	IF MEDICARE ECONOMIC INDEX PRICE ≠ ZERO		
	THEN PREVAILING FEE AND CONVERSION AMOUNT CANNOT BOTH = ZERO.		

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002 CHAPTER 2, SECTION 8.1

PRICING EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: PRICING PROFILE (4-045)				
	VALIDITY EDITS			
4-045-01V	MUST BE A VALID PRICING PROFILE.			
RELATIONAL EDITS				

NONE

ELEMENT NAME: PRICING EFFECTIVE DATE (4-050)			
VALIDITY EDITS			
4-050-01V	MUST BE VALID GREGORIAN DATE.		
RELATIONAL EDITS			

NONE